

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

**Customer No. 26794**

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): David Bengtson, Dale Scott Douglas

For: COMPENSATING FOR LOAD PULL IN ELECTROMAGNETIC SIGNAL PROPAGATION USING ADAPTIVE IMPEDANCE MATCHING

Also enclosed are:

☒ Application Data Sheet  
☒ 6 Sheets of drawings  
 Information Disclosure Statement with Form PTO-1449 and copies of publications  
☒ Recordation Form Cover Sheet - Patents Only and an Assignment of the invention to M/A-COM, Inc.  
☒ Claim for Priority under 35 U.S.C. §119 with certified copy of \_\_\_\_\_  
☒ Postcard and Express Mail Certification  
☒ Declaration/Power of Attorney for Utility or Design Patent Application



The filing fee has been calculated as shown below:

	NO. OF CLAIMS FILED		NO. OF CLAIMS FROM BASIC FEE	NO. OF EXTRA CLAIMS
TOTAL	21	-	20 =	1
INDEP.	4	-	3 =	1
<input type="checkbox"/> First presentation of multiple dependent claim				

## SMALL ENTITY

RATE	BASIC FEE \$385.
x 9=	\$
x43=	\$
+145=	\$

OR

OTHER THAN  
SMALL ENTITY

RATE	BASIC FEE \$770.
x18=	\$18
x86=	\$86
+290=	\$0

TOTAL FEE \$ \_\_\_\_\_ OR \$ 874.00☒ A check in the amount of \$ 874.00 is enclosed to cover the official filing fee for a large entity.☒ A check in the amount of \$ 40.00 is enclosed to cover the recordal fee.☐ Please charge my Deposit Account No. 50-2719 in the amount of \$ \_\_\_\_\_. A duplicate copy of this sheet is enclosed.☒ In regard to this communication, the Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR §1.16 and any additional patent application processing fees under 37 CFR §1.17 or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.☒ During the pendency of this application, the Commissioner is hereby authorized to charge payment of any filing fees for presentation of extra claims under 37 CFR §1.16 and any patent application processing fees under 37 CFR §1.17 or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

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